

WOODLAND HEALTHCARE CENTER
18740 WEST BLUEMOUND ROAD

BROOKFIELD 53045 Phone: (262) 782-0230

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/03): 224

Total Licensed Bed Capacity (12/31/03): 224

Number of Residents on 12/31/03: 218

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 211

Corporation

Skilled

No

Yes

Yes

211

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		19.3
Supp. Home Care-Personal Care	No					1 - 4 Years		50.5
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	5.0	More Than 4 Years		9.2
Day Services	No	Mental Illness (Org./Psy)	14.7	65 - 74	9.6			----
Respite Care	Yes	Mental Illness (Other)	4.6	75 - 84	35.8			78.9
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	43.1	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	6.4	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.5		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	11.9		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	14.2	65 & Over	95.0	-----		
Transportation	No	Cerebrovascular	11.5		-----	RNs		7.7
Referral Service	No	Diabetes	5.5	Gender	%	LPNs		7.4
Other Services	No	Respiratory	11.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	26.1	Male	23.9	Aides, & Orderlies		35.1
Mentally Ill	No		----	Female	76.1			
Provide Day Programming for			100.0		----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	0	0.0	0	5	3.4	145	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	2.3	
Skilled Care	46	100.0	316	130	88.4	124	0	0.0	0	22	100.0	180	1	100.0	124	2	100.0	309	201	92.2	
Intermediate	---	---	---	11	7.5	103	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	11	5.0	
Limited Care	---	---	---	1	0.7	88	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.5	
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	46	100.0		147	100.0		0	0.0		22	100.0		1	100.0		2	100.0		218	100.0	

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	5.1	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	7.3	64.7	28.0	218
Other Nursing Homes	3.7	Dressing	13.8	60.6	25.7	218
Acute Care Hospitals	90.3	Transferring	28.9	40.8	30.3	218
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	21.1	52.3	26.6	218
Rehabilitation Hospitals	0.2	Eating	69.7	19.3	11.0	218
Other Locations	0.7	*****				
Total Number of Admissions	454	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	6.9	Receiving Respiratory Care		11.0
Private Home/No Home Health	10.6	Occ/Freq. Incontinent of Bladder	47.2	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	16.0	Occ/Freq. Incontinent of Bowel	44.5	Receiving Suctioning		0.5
Other Nursing Homes	3.8			Receiving Ostomy Care		3.7
Acute Care Hospitals	41.6	Mobility		Receiving Tube Feeding		2.8
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.9	Receiving Mechanically Altered Diets		26.6
Rehabilitation Hospitals	0.0					
Other Locations	6.3	Skin Care		Other Resident Characteristics		
Deaths	21.8	With Pressure Sores	6.4	Have Advance Directives		87.2
Total Number of Discharges		With Rashes	0.9	Medications		
(Including Deaths)	445			Receiving Psychoactive Drugs		59.2

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 200+ Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	94.0	84.7	1.11	86.1	1.09	86.6	1.09	87.4	1.08
Current Residents from In-County	61.9	81.8	0.76	79.8	0.78	84.5	0.73	76.7	0.81
Admissions from In-County, Still Residing	14.5	17.7	0.82	24.0	0.60	20.3	0.72	19.6	0.74
Admissions/Average Daily Census	215.2	178.7	1.20	118.5	1.82	157.3	1.37	141.3	1.52
Discharges/Average Daily Census	210.9	180.9	1.17	120.4	1.75	159.9	1.32	142.5	1.48
Discharges To Private Residence/Average Daily Census	55.9	74.3	0.75	34.8	1.60	60.3	0.93	61.6	0.91
Residents Receiving Skilled Care	94.5	93.6	1.01	91.2	1.04	93.5	1.01	88.1	1.07
Residents Aged 65 and Older	95.0	84.8	1.12	90.2	1.05	90.8	1.05	87.8	1.08
Title 19 (Medicaid) Funded Residents	67.4	64.1	1.05	62.8	1.07	58.2	1.16	65.9	1.02
Private Pay Funded Residents	10.1	13.4	0.75	20.6	0.49	23.4	0.43	21.0	0.48
Developmentally Disabled Residents	0.0	1.1	0.00	0.9	0.00	0.8	0.00	6.5	0.00
Mentally Ill Residents	19.3	32.2	0.60	32.9	0.59	33.5	0.58	33.6	0.57
General Medical Service Residents	26.1	20.8	1.26	20.1	1.30	21.4	1.22	20.6	1.27
Impaired ADL (Mean)	48.2	51.8	0.93	51.2	0.94	51.8	0.93	49.4	0.97
Psychological Problems	59.2	59.4	1.00	61.5	0.96	60.6	0.98	57.4	1.03
Nursing Care Required (Mean)	6.5	7.4	0.88	7.6	0.86	7.3	0.89	7.3	0.88